

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114470

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: FLORIDA COMMUNITY PHARMACY NETWORK, INC.

## Current Principal Place of Business:

106 EAST COLLEGE AVENUE  
SUITE 1200  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

## Current Mailing Address:

106 EAST COLLEGE AVENUE  
SUITE 1200  
TALLAHASSEE, FL 32301

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAFFRY, EDWARD S  
106 EAST COLLEGE AVENUE  
SUITE 1200  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FISHMAN, BOB  
Address: 4401 SHERIDAN STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: MASSEY, LYNN  
Address: 306 EAST JEFFERSON STREET  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: NORIEGA, JOHN  
Address: 202 EAST BRANDON BLVD.  
City-St-Zip: BRANDON, FL 33511

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FRANCK, PAUL  
Address: 202 SW 17TH STREET  
City-St-Zip: OCALA, FL 34474

Title: D (X) Change ( ) Addition  
Name: NELSON, STEVE  
Address: 203 SW PARK STREET  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D (X) Change ( ) Addition  
Name: PARAMORE, SCOTT  
Address: 4314 5TH AVENUE  
City-St-Zip: MARIANNA, FL 32446

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL FRANCK

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date